Electronic Health Records: Practical Applications for the Physician's Practice

The Maryland Health Care Commission (MHCC) and MedChi, the Maryland State Medical Society will hold a **one day seminar on June 5, 2009** on the subject of Electronic Health Records (EHR).

This activity will provide an opportunity for exhibitors to bring hardware and software, interact with our attendees and demonstrate products and services.

Exhibitors are invited to join us on June 5th, at the Sheraton Columbia Town Center Hotel in Columbia, Maryland for an exclusive opportunity to present your EHR to our attendees. The meeting will feature presentations on implementing electronic health records. Exhibitors will have 3 opportunities through out the day to interact with attendees. All breaks, 10-10:30 AM and 2-2:30 PM and Lunch, 12:30 PM to 1:30 PM. Only EHR vendors are being invited to participate at this event.

EXHIBITORS

MHCC and MedChi reserve the right to determine the eligibility of all applicants. Each 6' x 30" draped table includes two chairs and electricity and wireless internet. There are additional fees for hardline internet (see application for complete details). Priority for placement will be given to early applications.

Set-Up: Friday, June 5, 2009, 7:30-9:30 a.m. (all exhibits must be set-up by 9:30 a.m.)

Demonstration Hours: Friday, June 5, 2009, 10:00 AM -10:30 AM; 12:30 PM – 1:30 PM;

2:00 PM – 2:30 PM.

Two exhibitor representatives will be allowed per booth. Exhibitor badges may be picked up at the registration desk during set up hours. All exhibitors will receive a set of mailing labels for event attendees after the event.

IMPORTANT DETAILS

Eligibility and Liability – EHR vendors must be CCHIT certified and provide proof of certification (CCHIT Certificate or proof regarding re-certification in process). MedChi will determine the eligibility of any company, product or exhibit. MedChi may forbid installation or request removal of any exhibit or discontinuance of any promotion, wholly or in part, that in its opinion is not in keeping with the character and purpose of the trade show.

By signing the application and contract for exhibit space, each exhibitor assumes the responsibility and agrees to indemnify and hold harmless MHCC and/or MedChi and their employees and/or members from any and all liability to any person or persons for or by any reason of any act or omission of said exhibitor, or any of their agents, servants or employees.

Each exhibitor shall be fully responsible to pay for any and all damages to property owned by the Sheraton Columbia Town Center Hotel. Exhibitor liability shall include all losses, costs, damages or expenses arising from or out of the exhibitor's occupancy and use of the premises, the hotel or any part thereof. The exhibitor is hereby notified that MHCC, MedChi and the hotel will not maintain insurance covering the exhibitor's property, and it is the sole responsibility of the exhibitor to obtain such insurance.

In the event of a fire, strikes, riots and civil commotion, acts of God, war or other unavoidable circumstances rendering it impossible or impractical for any reason for the activity to take place, all deposits and payments made by the exhibitor for exhibit space shall be returned in full to the exhibitor.

Questions?

For general inquiries regarding the activity contact Cindy S. Friend at 410-764-3839. For questions regarding exhibit registration contact Erin Krell at 410-539-0872, extension 3304.

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Application and Contract for Exhibit Space

Company name:			
Address:			
Contact Name:		Phone:	
Fax:			
Company Phone	<u>:</u>	Website:	
Name of staff for	r booth (limit 2):		
Applications, with paper placement will be gi	ayment, will be dated once iven to early applications.	they are received to aid in booth placement determination. Pri	ority for
Exhibitor Category Commercial Booth (6' skirted table)		Cost to Exhibit \$550.00	
Hardline Internet Service		 A. 1 line \$25.00 plus Ibahn is \$75.00 B. Multiple lines: \$75.00 for a hub (each hub cate computers. Ibahn is \$75.00 for the first line and each additional line. 	
Total Enclosed Enclose a check ma		the full amount due or mark the appropriate credit card informa	ation below.
□ Visa □ MasterCard □ AMEX	Exp. Date: _		
	Signature: _		
Please read	d and sign the agreeme	t below. Applications will not be accepted without a sign	ature.
and agree to abide by submission of thi agree to assume re the use of exhibition	derstand the MedChi appliby the stipulations set fortlis application and that Med sponsibility and agree to in premises. I understand the	ation and contract for exhibit space provided by MedChi regard therein. I understand that the allocation of exhibit space is not Chi will determine the eligibility of any company or product for demnify and defend MedChi against any claim or expenses are not it is the sole responsibility of the exhibitor to obtain insurance such insurance necessary.	t guaranteed exhibit. I ising out of
Signature:		Date:	

Applications with payment and proof of CCHIT certification due no later than May 25, 2009

Mail form with full payment to: MedChi, Attn. Exhibits, EHR: Practical Applications for the Physician's Practice, 1211 Cathedral Street, Baltimore, MD 21201. Applications with credit card payment may be faxed to 410-539-6427 or emailed to ekrell@medchi.org. For assistance or questions contact Erin Krell at 410-539-0872.